

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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96 OCT -2 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/16/96--01086--004
****225.00 ****225.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K91243**

1. Corporation Name

OSCAR HILT TATUM, III, D.M.D., P.A.

Principal Place of Business

Mailing Address

% OSCAR HILT TATUM III
2299 NINTH AVENUE NORTH #1-E
ST. PETERSBURG FL 33713

% OSCAR HILT TATUM III
2299 NINTH AVENUE NORTH #1-E
ST. PETERSBURG FL 33713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1989

5. FEI Number

59-2956759

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TATUM, OSCAR HILT III	2299 NINTH AVENUE NORTH	ST PETERSBURG FL

8. Name and Address of Current Registered Agent

TATUM, OSCAR HILT III
2299 NINTH AVENUE NORTH
#1-E
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Oscar Hilt Tatum III

REGISTERED AGENT MUST SIGN

Date 9/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR HILT TATUM III

Date

Daytime Phone #

9/30/96 813-321-4484

CR20040 (7/96)

IMPLANT RECONSTRUCTIVE CENTER

Edward White Medical Office Complex 2299 9th Avenue North, Suite 1E

St. Petersburg, Florida 33713

(813) 321-4484 Fax (813) 327-1523

O. Hilt Tatum, Jr., D.D.S.
Richard A. Borgner, D.D.S.

Oscar Hilt Tatum III, D.M.D., P.A.
Mark T. Cullen, D.D.S.

September 30, 1996

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Oscar Hilt Tatum III, D.M.D., P.A.
K91243

Dear Sir:

On July 19, 1996 check # 6310 was sent along with the 1996 Profit Corporation Annual Report. To date this check has not cleared our bank account. Today we are reissuing a check for \$225.00 along with the reinstatement application. If you have any questions please feel free to contact my office.

Sincerely,


Oscar Hilt Tatum III, D.M.D., P.A.